

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000024433**

1. Entity Name  
**BERRIDGE CONSULTING GROUP, INC.**



Principal Place of Business  
**1420 SUZANNE WAY  
LONGWOOD, FL 32779**

Mailing Address  
**1420 SUZANNE WAY  
LONGWOOD, FL 32779**



02272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3498296</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BERRIDGE, RANDOLPH E  
1420 SUZANNE WAY  
LONGWOOD, FL 32779**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature by officer or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BERRIDGE, RANDOLPH E 1420 SUZANNE WAY LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BERRIDGE, SHARON K 1420 SUZANNE WAY LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/21/07-80008-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *Randolph E. Berridge* **RANDOLPH E. BERRIDGE** **3-7-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Month